



## Key issues in promoting mental health: Masculinity and Mental Health.

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# Key issues in promoting mental health

# Masculinity and mental health

Dr Ken Harland

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## The Design for Living partnership

The Design for Living partnership, which comprises Action Mental Health, The Youth Council for Northern Ireland and the Health Promotion Agency for Northern Ireland, has facilitated a series of seminars concerning young people for a number of years. The seminars aim to build capacity among practitioners from many disciplines who work with young people in Northern Ireland.

An annual seminar in the series focuses on young men's mental health and wellbeing. This paper has been commissioned by the partnership to highlight key issues in the area of masculinity and mental health.

The paper is written by Dr Ken Harland, Lecturer in Community Youth Work at the University of Ulster and Co-director of the Centre for Young Men's Studies within INCORE at the Centre of Excellence for Peace and Conflict Studies at the University of Ulster. He has played a major role as a practitioner and researcher in developing non-traditional approaches to work with young men. His most recent work has addressed issues of masculinity, violence, the mental and emotional health of young men, and the role and value of youth work in Northern Ireland.

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## Introduction

This paper focuses on young men's mental health in Northern Ireland. It particularly highlights important connections between masculinity and mental health, and considerations

for a society emerging from a period of prolonged conflict. It also provides pointers for practitioners engaging and supporting young men around the themes of mental and emotional health and self-esteem.

## Defining mental health and its promotion

*"Mental health is a resource that each of us needs in order to manage our lives successfully".<sup>1</sup>*

Worldwide it is estimated that:

- one in 20 young people experience developmental, emotional or behavioural problems;
- one in eight young people has a mental disorder.<sup>2</sup>

Mental health is much more than the mere lack of mental disorders.

*"Mental health is related to how we think, feel, and act when faced with life's situations and has to do with how we look at ourselves, our life, and other people in our life; assess our challenges and problems; and explore options. It is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".<sup>3</sup>*

- Mental health promotion is an umbrella term that covers a variety of strategies, all aimed at having a positive effect on mental health. The encouragement of individual resources and skills and improvements in the socioeconomic environment are among them.
- Mental health promotion requires multi-sectoral action, involving a number of government sectors such as health, employment/industry, education, environment, transport and social and community services as well as non-governmental or community-based organisations such as health support groups, churches, clubs and other bodies.<sup>4</sup>

## Stigma

*"There is concern in discussing mental health as very often definitions are equated with mental illness. It is important to steer away from negative labels, stereotypes, quick fixes and attaching blame".<sup>5</sup>*

Stigma and discrimination have been identified as the greatest barriers to social inclusion, quality of life and recovery for people with mental health problems.<sup>6</sup>

The World Health Organization (WHO) states that:

*"Stigma can be defined as a mark of shame, disgrace or disapproval which results in an individual being shunned or rejected by others. Stigma associated with all forms of mental illness is strong, but generally increases the more an individual's behaviour differs from that of the 'norm'".<sup>7</sup>*

The fear of stigma through negative association with certain emotions is important to understanding ways in which young men internalise and process their mental health and notions of wellbeing.

Because of stigma, persons suffering from a mental illness may experience:

- rejection by friends, relatives, neighbours and employers, leading to aggravated feelings of rejection, loneliness and depression;
- denied equal participation in family life, normal social networks, and productive employment;
- a detrimental effect on recovery, ability to find access to services, the type of treatment and level of support received and acceptance in the community;
- isolation and humiliation.

*"A major cause of stigma associated with mental illness are the myths, misconceptions and negative stereotypes about mental illness held by many people in the community".<sup>7</sup>*

## Mental health in Northern Ireland

It is estimated that one in six people in Northern Ireland will suffer from a medically defined mental illness at some stage in their lives.<sup>8</sup>

Studies have documented links between mental health and the social environment, with deprivation, poverty and low educational attainment associated with poor mental health.<sup>9</sup>

In Northern Ireland mental health needs are approximately 25% higher than the UK average.<sup>10</sup>

Young people in Northern Ireland are at greater risk of mental ill health than people in England and Scotland and this is partly attributed to the fact that since 1969 Northern Ireland has witnessed widespread social, economic and political upheaval through what is commonly known as the 'Troubles'.

The cultural context of Northern Ireland is especially pertinent when considering the mental health of young men, who are over-represented amongst the victims of the Troubles. Whilst it could be argued that the majority of young people in Northern Ireland display resilience and have very successful outcomes<sup>11</sup> a *Cost of the troubles study*<sup>12</sup> revealed that:

- the overwhelming majority of victims of the Troubles have been male;
- 3,279 males were killed compared to 322 females;
- 50% of male victims were aged between 15 and 29;
- the highest death rate for any age was for 20 to 24 year olds (20.2%) of all deaths;
- from 1973 to 2004 there were almost 3,000 victims of shootings by paramilitaries (primarily on young males);
- republican and loyalist paramilitary organisations accounted for 80% of all deaths;
- there were more than 2,200 recorded victims of vigilante-style beatings.<sup>13</sup>

For over 35 years many young men experienced a sense of place and significance in their community as defenders/protectors of that community: defenders against 'invasion' from other communities; protectors from unwanted

security force intrusion. Their aggression, as these defenders, afforded them status amongst peers and other community members. Within a post-conflict society there has been a necessary and important role change. The need for the defender and protector has become virtually redundant. The behaviour of young men, once lauded and feted, has now become a focus for criticism, violent assault and/or expulsion from that community.

This highlights a complex phenomenon related to being young and male in a society emerging from a period of prolonged violence. While young men are caught up in the transition from conflict to peace they have not been equipped with the skills to manage this change.<sup>14</sup>

## Adolescence and depression

Some of the following symptoms help indicate the presence of depression:

- low mood;
- lack of interest;
- feeling sad or empty;
- a marked decrease or increase in appetite;
- difficulty in sleeping or oversleeping;
- lack of energy or tiredness;
- lack of concentration;
- feeling of worthlessness or guilt;
- recurrent thoughts of death or suicide.<sup>3</sup>

Depression in a young person can affect their confidence and self-esteem and can leave them feeling worthless. These feelings may make them turn to food for comfort or lose their appetite; they may lose friends or have difficulties in their relationships with friends and family. When depression is acute, a young person may start having thoughts of killing themselves or self harming.

Factors affecting adolescent mental health include the following:

Personal worries such as:

- appearance
- body changes
- chronic illness
- parental separation or divorce
- death of a loved one, friend or pet
- family financial problems
- low self-esteem.

Combined with social worries such as:

- pressure to succeed
- relationships
- sexuality
- identity
- substance misuse and criminality
- experience of abuse or violence
- problems with friends/peer at school
- bullying
- boredom.<sup>15, 16</sup>

These personal and social worries can cause stress leading to anxiety, sadness, withdrawal, aggression or poor coping skills, and can impact negatively upon adolescent mental health.

- A young person with good mental health will have the capacity to:
  - develop emotionally, intellectually, creatively, and spiritually;
  - initiate, develop, and sustain mutually satisfying personal relationships;
  - face problems, resolve them, and learn from them;
  - be aware of others and empathise with them;
  - have a sense of fun and humour, and enjoy life;
  - use and enjoy solitude.<sup>3</sup>

Important factors in promoting adolescent positive mental health are:

- feeling loved and connected to family;

- peer connectedness and fitting in at school;
- having a good teacher;
- having friends;
- personal achievement;
- feeling good about yourself;
- having people to talk to;
- taking part in activities;
- owning pets;
- having fun;
- a non-violent school environment;
- having a positive relationship with at least one parent;
- having a personal confidante, role model or mentor;
- a sense of self worth and social connectedness;
- self-efficacy in problem solving;
- coping and social skills and internal locus of control.<sup>16, 17, 18</sup>

Extended and less certain youth-to-adult transitions add to the vulnerability of young people.<sup>19</sup>

## Young men and mental health

In 2003, the *Promoting mental health strategy and action plan 2003–2008* was published by the Department of Health, Social Services and Public Safety. The strategy highlighted the needs of young males as one of its priorities, and there was particular concern over the high incidence of suicide, especially among young men.

- Up to 20% of 16 to 24 year olds have a mental health issue, mostly anxiety and depression.<sup>19</sup>
- Gender has a significant impact upon risk and protective factors for mental health in Northern Ireland.
- The prevalence of mental health problems is greater amongst 11–16 year old boys (11%) than girls (8%).<sup>20</sup>
- In Britain in the 11–16 year old group, 12% of boys compared to 10% of girls have a diagnosable mental disorder.<sup>21</sup>

## Young men and suicide in Northern Ireland

*"Recent increases in the number and rates of suicides since the mid 1990s are accounted for by younger people, particularly young males".<sup>22</sup>*

Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries. In the majority of countries more males die by suicide than females.<sup>23</sup>

*"Rising suicide rates particularly among young men appear to be influenced by shifts in employment, intensified gender-role conflict, excessive forms of individualism in industrialised nations, and rapid social change".<sup>24</sup>*

*"The rate of male suicides in Northern Ireland has increased steadily during the late 1990s and early 2000s".<sup>25</sup>*

- Suicide is the largest killer of young males.<sup>25</sup>
- The increase of suicides in Northern Ireland between 2003 and 2006 was 102%.<sup>22</sup>
- The suicide rate for males aged 15–24 is 60% higher, and has increased faster than the UK average.<sup>26</sup>
- Recent increases in the rates and number of suicides in Northern Ireland are due mainly to the rise in self harm among young people.<sup>22</sup>
- Suicide rates in deprived and urban areas tend to be higher than those in rural and non deprived areas.<sup>25</sup>
- Gay and bisexual males, especially amongst adolescents, have higher rates of suicidal ideation, attempts and completion than heterosexual males.<sup>27</sup>
- Suicidal young men are eight times more likely than non-suicidal counterparts to be living alone, in care or hostels or without a family structure, and significantly more likely to have a father who is absent.<sup>28</sup>

- Hanging, strangulation and suffocation are the most common methods of completed suicide in Northern Ireland.<sup>25</sup>
- Males' greater vulnerability to (completed) suicide has increasingly been explained in terms of constructions and practices of masculinity.<sup>27</sup>

## Masculinities in theory

"Over the past 30 years there has been a growing body of theoretical literature examining how interpretations of masculinity significantly impact upon mental health and wellbeing".<sup>27</sup> In recent years a complex multi-faceted concept of masculinity and what it means to be 'male' has been developed.<sup>29</sup>

Those examining contemporary masculinities differentiate between dominant and subordinated masculinities and as such, the term 'hegemonic masculinity' has been coined – a concept describing the processes of masculinity embedded in and sustained by political, legal and social institutions.<sup>24</sup>

Much research has been conducted into the way in which hegemonic masculinity seeks to reassert itself through the punishment and subsequent control of alternative masculine identities.<sup>30, 31</sup> In their attempt to 'squeeze' into these increasingly tight gender roles ascribed to them, young men resort to excessively macho ways of proving their masculinity.<sup>32</sup>

## Masculinities in practice

*"Public expectations demand that families, schools and local communities are safe environments where young people are supported, encouraged, valued, mentored and loved. In reality however, these settings are often hostile environments that leave many young men feeling marginalised, threatened and needing to prove to others they match up to masculine stereotypes".<sup>33</sup>*



- Young men believe that it is by 'acting tough' that they will gain status and respect.
- Young men report getting a 'buzz' from engaging in risk-taking activities and certain forms of violence with little consideration for consequences.<sup>34, 35</sup>
- The contradictory nature of masculinity and its association with risk-taking behaviour are key reasons why young men refuse to seek emotional support.
- The journey from boy to man is complex and confusing.
- Young men are rarely given opportunity to reflect upon the journey from boy to man.
- Young men can feel enormous pressure to prove that they are 'real men' and not boys.
- Young men's lives are tainted with stereotypical notions of power and powerlessness.

## Masculine 'contradictions'

*"Appreciating 'masculine contradictions' is pivotal to understanding the internal pressures that many adolescent males experience in regard to their mental and emotional health and self-esteem".<sup>36</sup>*

Issues surrounding masculinity are complex and contradictory, leaving many young men confused and uncertain about what it means to be a man.<sup>36</sup>

Young men believe they should be:

- powerful
- strong
- brave
- intelligent
- healthy
- mature
- in control.

In reality however, many young men:

- feel powerless;
- feel weak;
- feel fearful;

- feel 'stupid' in school;
- do not pay attention to their emotional, mental or physical health;
- believe they are perceived by adults as 'immature'.<sup>37</sup>

## Becoming a man

Appreciating masculine 'contradictions' is pivotal to understanding the internal pressures that many young men feel regarding the construction of their own masculine identity and what it means to be a man. Contradictions between young men's perceived power and their sense of powerlessness captures what Connell calls 'protest masculinity', whereby boys make claims to power when there are no real resources for doing so.<sup>38</sup>

Young men demonstrate their masculinity by being dismissive of their emotional pain – often to the extent that they appear 'unemotional' and intimidating to others. By withholding certain feelings and emotions young men can believe they are expressing an important aspect of their masculinity – namely that men do not need support from others.<sup>39</sup>

*"Boys have a reluctance to admit they have problems and wait a long time before seeking help".<sup>40</sup>*

## The public and private worlds of young men

Dominant forms of masculinity within western society are still defined as independent and self-sufficient, making it difficult for males to publicly acknowledge their emotional needs.<sup>36</sup> In addition, male gender roles force young males to reject as feminine a wide range of characteristics that are simply part of normal human behaviour. This means that many young men grow up believing they should not, indeed cannot, display certain emotions in public, forcing them to keep their emotions private.

In public spheres young men:

- feel enormous pressure to appear confident (often to the point of being macho and display their masculinity to others in a forceful way);
- can be dismissive of their pain and separated from their internal world of feelings and emotions;
- communicate aggressively and frequently through the use of 'slagging' and banter (while humour can be an effective way of communicating, the use of certain types of banter can be threatening and derogatory);
- often fear being embarrassed or 'shamed' by appearing weak (as they associate this negatively with stereotypical notions of femininity).

In private spheres young men:

- are more likely to internalise their feelings and keep their emotions to themselves;
- learn that showing certain feelings is a sign of weakness;
- fear being stigmatised by public perceptions of what it means to be a man.

*"Emotional miseducation can be extremely damaging to a young man's mental health and emotional wellbeing and limit their capacity to acquire the skills to feel confident in interpersonal interactions".<sup>41</sup>*

For many young men there are no 'emotional spaces' in which they can become conscious of their emotions.<sup>42</sup> In order to redress this, young men must overcome their fear of intimacy, vulnerability and stigma. This presents a huge challenge to young men and those who support them, as it fundamentally challenges deeply accepted, entrenched, stereotypical interpretations of men and masculinity.

Understanding public and private 'spheres' can help individuals better recognise how young men internalise

mental processes and how this impacts upon their subsequent behaviour and forms of communication. Importantly however, major difficulties lie in the fact that there is little in dominant masculine culture that encourages or supports young men to reflect upon their mental health and emotional wellbeing.

## Working with young men

*"Practitioners report finding it difficult engaging certain young men beyond machoism, often admitting to feeling intimidated and lacking the confidence and skills to develop meaningful practice".<sup>34</sup>*

Historically work with young men in Northern Ireland has tended to focus on recreational needs and diversionary responses to aggressive and anti-social male behaviour, with little concern for young men's mental and emotional health and wellbeing.<sup>43</sup>

Whilst many individuals and organisations work with young men, there is increasing recognition of the need to develop more creative ways of engaging young men that better supports their mental and emotional needs.<sup>36</sup> The following pointers offer some insights and lessons that have evolved from work with young men in Northern Ireland over the past number of years.<sup>44</sup>

## Our own attitudes

Working with young men can bring to the surface a range of powerful emotions that as adults we may have previously suppressed. Reflecting upon the key influences and people who shaped our own life can help us have more empathy towards young men and their issues.

Personal reflection can help us as practitioners to:

- better understand factors that affected our self-esteem as a young person;
- better appreciate youth transitions and the importance of accessible role models for young men;



- better appreciate masculine contradictions and complexities in the lives and experiences of young men;
- become better at sharing our feelings and emotions;
- improve relationships between us as practitioners and young men;
- identify personal prejudices we may hold towards young men.

## Valuing young men

In the media, and the minds of many adults, young men are often 'demonised' as part of a deviant youth culture that has lost all of its morals and values – 'a problem to be sorted out'.

Practitioners are often required to work with young men who have been perceived by others as 'troublesome or difficult'. This type of focus can lead to work being initiated that aims to reduce aggressive or antisocial behaviour – which is not a good starting point. Importantly, this focus reinforces narrow masculine stereotypes and promotes negative labelling of young men.

We should aim to respect and value the young men we work with and support them to value their own thoughts and ideas. When working with young men it is important to:

- view each one as unique;
- recognise that young men possess huge amounts of untapped potential and energy. When this is channelled in constructive ways young men consistently demonstrate creativity and positivity – and challenge negative stereotyping.

## Appreciation of issues affecting young men

*"Appreciating how masculinity affects male behaviour and development is central to working with young men".<sup>36</sup>*

Practitioners should take cognisance of masculine pressures and encourage expression of opinions,

thoughts, feelings and expectations. There is much in our society that continues to promote, reward and perpetuate unhealthy aspects of masculinity that can be so detrimental to young men's health and self-esteem. This approach can contribute to healthier lifestyles and enhanced mental and emotional wellbeing amongst young men.<sup>33</sup>

## Engaging young men

*"Research has shown that young men are rarely asked about how they feel and what they think".<sup>45</sup>*

Engaging meaningfully with young men is challenging. Workers often report feeling intimidated by young men, particularly in groups. At the heart of work with young men is recognition of the need to build meaningful relationships through which young men can reflect, think, talk, explore issues important to them and consider other viewpoints. One of the most important communication skills is the ability to listen actively to what young men say. The reason this is so important is because so many young men avoid talking about what they truly feel or believe.

## Some pointers to consider when engaging young men

- Be proactive in engaging young men.
- View any difficulties in engaging and relating to young men as your responsibility, not theirs.
- Be clear about who you are targeting and why.
- Consider the sort of relationship you have/want to have with young men.
- Try to discover what the young men want. Too often young men speak to practitioners in terms of activity and equipment which is determined by their perceptions of what they believe practitioners can offer.
- Appreciate the things young men have to say and reflect upon how best to respond.

- Consulting with young men can mask your reluctance to think further (ie asking questions that do not take them past the predictable).<sup>46</sup>

## Creating safe environments for engagement

Creating environments that are safe from threat and non-judgemental attitudes helps free young men from the pressures they feel to prove themselves to others. This in itself helps build trust and encourages young men to talk, think and consider other viewpoints. This can be challenging work however, as for many young men communicating at a feelings level is not seen as 'cool.'

Learning environments should be:

- non-threatening
- respectful
- non-judgemental
- supportive
- free from distraction
- free from banter and 'slagging'
- responsive to the needs of young men
- enjoyable
- fun.

## The importance of listening

Listening to what young men have to say may seem an obvious skill for practitioners. But if we are to engage young men effectively we must learn to listen to what they are telling us. Banter and 'slagging off' can make it difficult to do effective group work. Too often however, the focus is solely on this type of disruptive behaviour which so easily deflects from understanding the things young men are trying to tell us through their non-verbal communication. It is important therefore for practitioners to work at building relationships where listening is respected and valued.

## Positive use of energy

*"The use of movement and fun is a valuable tool for harnessing young men's natural energy and helping them to enjoy their learning".<sup>34</sup>*

Anyone working with young men will be undoubtedly aware of the large amounts of energy and untapped potential they possess. This is perhaps why so many young males struggle within formal education.

Examples of movement activities include outdoor activities and role plays which encourage creativity whilst simultaneously requiring reflection and feedback. Such active approaches enable young men to engage in risk-taking behaviour within a climate of safety and trust. This reflective approach can be exciting and appealing to young men and also lay a solid foundation for more challenging work around attitudes and behaviour.<sup>34</sup>

## The need for clarity

Young men often report that they are unclear as to why they are on programmes or what practitioners expect from them. Practitioners can be so preoccupied by their attempts to increase young men's participation they may neglect to make sure young men understand what the work or intervention is about. It is important therefore that practitioners consult with young men throughout programmes to ensure that, for everyone involved, there is clarity of purpose and a structure for evaluation.

Areas to be clarified include:

- the role of the worker
- expectations and expected outcomes
- purpose of the work
- length of programmes
- beginnings and endings
- confidentiality and trust

- community expectations
- organisation expectations.

Remember to:

- take time to consult with young men before work begins (find out their thoughts, thinking, ideas, issues);
- encourage young men to share their expectations about the work;
- speak to key people/organisations in the community about what you are trying to do;
- be explicit at all times.

## Significance of the practitioner

*"In work with young men, the gender of the practitioner is not deemed as important as their skills, knowledge and commitment".<sup>34</sup>*

The following are the qualities young men said they look for in a practitioner.<sup>34, 47</sup>

- humour
- listening skills
- honesty and trust
- a positive role model
- good factual knowledge
- ability to control class/group
- not easily embarrassed
- able to stop put downs and bullying
- understands pressures in male youth culture
- does not behave like in a classroom
- does not blame or judge young men.

## Barriers to work with young men

Research has identified the following barriers to working with young men.<sup>34</sup>

- practitioners' belief that they do not have the necessary skills;

- practitioners' fear of young men;
- practitioners not liking the young men;
- practitioners being asked to work only with 'troublesome', 'difficult', 'underachieving' young men, and therefore their work is solely assessed on addressing young men's public behaviour;
- benefits are seen only in terms of benefits to the community rather than benefits to the young men;
- societal perceptions that young men do not have specific needs;
- tensions within communities;
- paramilitary influences;
- too many involved in negotiation process, eg community, police, paramilitaries, youth service, funders – this restricts the likelihood of offering a programme to which young males would respond and commit.

## Factors for success in engaging young men

*"Strengths exist in individuals, families, schools, peer groups and communities".<sup>48</sup>*

The following factors have been identified as fundamental to successful work with young men:

- a proactive approach that focuses on developing young men's self-esteem and confidence;
- an appreciation of masculinity and how this can impact upon young men's mental health and wellbeing;
- encouraging expression of young men's emotions and views through an advocacy/supportive approach;
- identification of issues affecting young men and the use of creative ways to address these;
- establishing appropriate learning environments in which young men feel safe and valued;
- combining reflection with creativity;
- the practitioner's skills, knowledge and empathy towards young men;

- the practitioner's commitment to building meaningful relationships with young men;
- appreciation of qualities that young men look for in a practitioner – trust, congruence, respect, humour, support and acceptance;
- not being afraid to make mistakes – and trying not to blame young men or oneself if things go wrong!

ChildLine identified the following lessons from their work with boys and young men:

- ensure they know you appreciate their qualities and look for positives;
- appreciate that boys disguise feelings;
- involve boys in helping others;
- give them opportunities to talk without pressurising them – they find it easier to talk while doing something (sport, cooking, shopping);
- try not to take over or dominate;
- respect their privacy – many boys value being alone;
- let them be themselves – not being judged by stereotypical images of masculinity;
- young men want an instant solution/immediate answer.<sup>40</sup>

Working with Men found the following success factors in their mental health work with boys and young men:

- projects were able to describe clear strategies that enabled them to target and engage young men;
- projects carried out investigations, research and needs assessments that enabled them to understand not only young men, but the group of young men they were targeting;
- projects had identified and used a broad range of methods underpinned by a positive approach that took into account the ways young men dealt with their emotions;
- feelings-based sessions were more difficult to deliver and took longer to have an impact;
- projects worked well if they had a substantial awareness of gender and masculinity.<sup>49</sup>

## Summary

- The Northern Ireland Suicide Prevention Strategy has identified young men as a specific target group.
- In Northern Ireland, suicide has become the largest killer of young men, claiming more lives than road traffic accidents.
- Young men in Northern Ireland are six times more likely to kill themselves than young women.
- The suicide rate for males aged 15–24 years in Northern Ireland is 60% higher than, and has increased at a faster rate than, the UK average.
- The considerable influence of the 'Troubles', coupled with Northern Ireland's social and economic difficulties, must be taken into consideration when looking at the mental health of young men.
- Research has documented links between mental health and social environment, with deprivation, poverty and low educational attainment associated with poor mental health.
- Research has also consistently revealed a major link between mental health and how young males interpret and demonstrate their masculinity.
- Historically young men have been the subject of 'adult moral panic' depicting them as bereft of morals and values.
- Young men frequently believe it is necessary to deny, or conceal, important aspects of their personality.
- Effective work with young men enables facilitation of opinions, thoughts, feelings and expectations, underpinned by an appreciation of masculinity. This approach contributes to healthier lifestyles and enhanced mental and emotional health in young men.



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